

# MODE OF SERVICE

FACILITY NAME: \_\_\_\_\_ PROVIDER #: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ NPI #: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE CHECK ALL SERVICES AND PROCEDURE CODES YOU PLAN TO PROVIDE.

## MODE OF SERVICE

### 05 – 24 HOUR SERVICES

- | <input type="checkbox"/> | <u>SERVICE FUNCTION</u>       | (Check if AB2726)        |
|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | 30 – SNF Intensive            | <input type="checkbox"/> |
| <input type="checkbox"/> | 35 – IMD Basic (No Patch)     | <input type="checkbox"/> |
| <input type="checkbox"/> | 36 – IMD (Patch)              | <input type="checkbox"/> |
| <input type="checkbox"/> | 40 – Adult Crisis Residential | <input type="checkbox"/> |
| <input type="checkbox"/> | 50 – Jail Inpatient           | <input type="checkbox"/> |
| <input type="checkbox"/> | 60 – Residential, Other       | <input type="checkbox"/> |
| <input type="checkbox"/> | 65 – Adult Residential        | <input type="checkbox"/> |
| <input type="checkbox"/> | 80 – Semi-Supervised Living   | <input type="checkbox"/> |
| <input type="checkbox"/> | 85 – Independent Living       | <input type="checkbox"/> |
| <input type="checkbox"/> | 90 – MH Rehab Centers         | <input type="checkbox"/> |

## MODE OF SERVICE

### 10 – DAY SERVICES

- | <input type="checkbox"/> | <u>SERVICE FUNCTION</u>                                      | (Check if AB2726)        |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 0 –  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 201 – No Show **                    | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 202 – No Show AB2726 **             | <input type="checkbox"/> |
| <input type="checkbox"/> | 20 – Crisis Stabilization-Emergency Room                     | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 151 – Crisis Stabilization          | <input type="checkbox"/> |
| <input type="checkbox"/> | 25 – Crisis Stabilization-Urgent Care                        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 153 – Crisis Stabilization          | <input type="checkbox"/> |
| <input type="checkbox"/> | 81 – Day Treatment Intensive; Half Day                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 283 – Half Day Intensive ***        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 286 – Half Day Int AB2726 ***       | <input type="checkbox"/> |
| <input type="checkbox"/> | 85 – Day Treatment Intensive; Full Day                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 280 – Non Billable Day Intensive ** | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 282 – Full Day AB2627 ***           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 285 – Full Day ***                  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 289 – NB Full Day AB2726 **         | <input type="checkbox"/> |
| <input type="checkbox"/> | 91 – Day Rehabilitation; Half Day                            | <input type="checkbox"/> |
| <input type="checkbox"/> | 95 – Day Rehabilitation; Full Day                            | <input type="checkbox"/> |

## MODE OF SERVICE

### 15 – OUTPATIENT

- | <input type="checkbox"/> | <u>SERVICE FUNCTION</u>                                    | (Check if AB2726)        |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 0 –  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 391 – Drug Screen **              | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 395 – QA Case Review/Direct **    | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 397 – Federal Service **          | <input type="checkbox"/> |
| <input type="checkbox"/> | 01 – Placement Services                                    | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 540 – Placement Svcs NB **        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 541 – Placement Service           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 542 – Placement Svcs AB2627       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 544 – Placement Svcs HAS          | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 545 – Placement Service **        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 548 – Placement Service **        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 549 – Placement Svcs NB AB2627 ** | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 693 – Healthy Homes Placement     | <input type="checkbox"/> |
| <input type="checkbox"/> | 03 – Plan Development Case Mgmt                            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 570 – Plan Devel Case Mgmt NB **  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 571 – Plan Devel Case Mgmt        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 572 – Plan Dev AB Case Mgmt       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 574 – Plan Dev CM HAS             | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 579 – AB NB Plan Dev Case Mgmt ** | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 697 – Healthy Homes Plan Dev CM   | <input type="checkbox"/> |

## MODE OF SERVICE

### 15 – OUTPATIENT

- | <input type="checkbox"/> | <u>SERVICE FUNCTION</u>                                    | (Check if AB2726)        |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 05 – Linkage & Consultation                                | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 560 – Linkage/Consultation NB **  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 561 – Linkage/Consultation        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 562 – Linkage/Consultation AB2726 | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 564 – Case Mgmt Walk In           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 565 – Linkage/Consultation        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 566 – Link/Consul HAS             | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 567 – Linkage/Consul Telmed       | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 568 – Linkage/Consultation **     | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 569 – Linkage/Consul NB AB2627 ** | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 696 – Healthy Homes Link/Consul   | <input type="checkbox"/> |
| <input type="checkbox"/> | 10 – Collateral  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 310 – Collateral NB **            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 311 – Collateral                  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 312 – Collateral AB2627           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 313 – Family Collateral           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 314 – Collateral HAS              | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 315 – Collateral **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 316 – Collateral Walk In          | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 317 – Collateral Telmed           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 318 – Collateral **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 319 – Collateral NB AB2627 **     | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 681 – Healthy Homes Collateral    | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 683 – Healthy Homes Fam Coll      | <input type="checkbox"/> |
| <input type="checkbox"/> | 30 – Assessment  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 330 – Assessment NB **            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 331 – Assessment                  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 332 – Assessment AB2627           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 333 – Assessment Walk In          | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 334 – Assessment HAS              | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 335 – Assessment **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 337 – Assessment Telmed           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 338 – Assessment **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 339 – Assessment NB AB2627 **     | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 684 – Healthy Homes Assessment    | <input type="checkbox"/> |
| <input type="checkbox"/> | 31 – Psych Testing   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 320 – Psych Testing NB **         | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 321 – Psych Testing               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 322 – Psych Testing AB2627        | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 325 – Psych Testing **            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 328 – Psych Testing **            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 329 – Psych Testing NB AB2627 **  | <input type="checkbox"/> |
| <input type="checkbox"/> | 32 – Evaluation  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 510 – Evaluation NB **            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 511 – Evaluation                  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 512 – Evaluation AB2627           | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 514 – Evaluation HAS              | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 515 – Evaluation **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 518 – Evaluation **               | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> 519 – Evaluation NB AB2627 **     | <input type="checkbox"/> |

**MODE OF SERVICE**

**15 – OUTPATIENT**

SERVICE FUNCTION (Check if AB2726)

- ☐ **34 – Plan Development** ☐
- ☐ 520 – Plan Development NB \*\*
  - ☐ 521 – Plan Development
  - ☐ 522 – Plan Development AB2627
  - ☐ 524 – Plan Devel HAS
  - ☐ 525 – Plan Development \*\*
  - ☐ 526 – AB2726 Expanded IEP
  - ☐ 527 – Plan Development
  - ☐ 528 – Plan Development \*\*
  - ☐ 529 – Plan Devl NB AB2627 \*\*
  - ☐ 691 – Healthy Homes Plan Devel
- ☐ **36 – Rehab/ADL** ☐
- ☐ 550 – Rehab/ADL NB \*\*
  - ☐ 551 – Rehab/ADL
  - ☐ 552 – Rehab/ADL AB2627
  - ☐ 554 – Rehab/ADL HAS
  - ☐ 555 – Rehab/ADL \*\*
  - ☐ 557 – Rehab/ADL Telmed
  - ☐ 558 – Rehab/ADL \*\*
  - ☐ 559 – Rehab/ADL NB AB2627 \*\*
  - ☐ 695 – Healthy Homes Rehab/ADL
- ☐ **40 – Individual** ☐
- ☐ 340 – Individual NB \*\*
  - ☐ 341 – Individual
  - ☐ 342 – Individual AB2627
  - ☐ 345 – Individual \*\*
  - ☐ 347 – Individual Telmed
  - ☐ 348 – Individual \*\*
  - ☐ 349 – Individual NB AB2627 \*\*
  - ☐ 685 – Healthy Homes Individual
- ☐ **50 – Group** ☐
- ☐ 350 – Group NB \*\*
  - ☐ 351 – Group
  - ☐ 352 – Group AB2627
  - ☐ 355 – Group \*\*
  - ☐ 358 – Group \*\*
  - ☐ 359 – Group NB AB2627 \*\*
  - ☐ 686 – Healthy Homes Group
- ☐ **58 – Therapeutic Behavioral Services** ☐
- ☐ 581 – TBS
  - ☐ 582 – TBS Assessment
  - ☐ 583 – TBS Treatment Plan
  - ☐ 584 – TBS Collateral
  - ☐ 585 – TBS Coaching
- ☐ **60 – Medication** ☐
- ☐ 360 – Medication NB \*\*
  - ☐ 361 – Medication
  - ☐ 362 – Medications AB2627
  - ☐ 363 – Medications Walk In
  - ☐ 365 – Medication \*\*
  - ☐ 367 – Medications Telmed
  - ☐ 368 – Medications \*\*
  - ☐ 369 – Medications NB AB2627 \*\*
  - ☐ 687 – Healthy Homes Meds
- ☐ **70 – Crisis Intervention** ☐
- ☐ 370 – Crisis NB \*\*
  - ☐ 371 – Crisis
  - ☐ 372 – Crisis AB2627
  - ☐ 373 – Crisis Walk In
  - ☐ 375 – Crisis \*\*
  - ☐ 377 – Crisis Telmed
  - ☐ 378 – Crisis \*\*
  - ☐ 379 – Crisis NB AB2627 \*\*
  - ☐ 388 – Assessment \*\*
  - ☐ 389 – Crisis Intervention \*\*
  - ☐ 688 – Healthy Homes Crisis

**MODE OF SERVICE**

**45 – OUTREACH**

SERVICE FUNCTION (Check if AB2726)

- ☐ **10 – Mental Health Promotion** ☐
- ☐ **20 – Community Client Services** ☐
- ☐ **0 –** ☐
- ☐ 400 – No Show Intake NB
  - ☐ 402 – Failed Intake NB AB2627
  - ☐ 403 – Leave and Holiday
  - ☐ 404 – Training Given
  - ☐ 405 – Training Received
  - ☐ 406 – Travel Time
  - ☐ 407 – Local Meeting
  - ☐ 408 – Departmental Meeting
  - ☐ 409 – Inter-Agency Meeting
  - ☐ 410 – Other Meeting
  - ☐ 411 – MH Promotion-Adult
  - ☐ 412 – MH Promotion AB2627
  - ☐ 413 – Approved NB Ovrtn Duties
  - ☐ 415 – Mental Health Promotion
  - ☐ 417 – Mh Promotion-Child
  - ☐ 418 – Approved Spec Asgn
  - ☐ 419 – Other Administrative Duties
  - ☐ 420 – AB Mediation/Due Process
  - ☐ 421 – Community CC-Adult
  - ☐ 422 – Community CC-AB2627
  - ☐ 423 – Interpretation Svcs
  - ☐ 424 – Non English Service
  - ☐ 425 – Comm/Client Contact
  - ☐ 427 – Comm/Client Contact Child
  - ☐ 431 – OP Tx Support - Adult
  - ☐ 432 – OP Tx Support - AB2627
  - ☐ 435 – OP Tx Support Child
  - ☐ 442 – Classroom Observation
  - ☐ 443 – [Unknown]
  - ☐ 444 – [Unknown]
  - ☐ 445 – [Unknown]
  - ☐ 446 – Assigned Hours By Date
  - ☐ 447 – Scheduled Hours
  - ☐ 448 – Federal Services
  - ☐ 449 –
  - ☐ 450 – Administrative Chart Audit
  - ☐ 451 – Non-MediCal QA Chart Audit
  - ☐ 452 – I.E.P.
  - ☐ 453 – Vocational Program
  - ☐ 454 – Medi-Cal QA Chart Audit
  - ☐ 455 – QA Committee Meeting
  - ☐ 456 – QA Administration
  - ☐ 457 – Clinical Supv Given
  - ☐ 458 – Clinical Supv Received
  - ☐ 459 – Admin Supv Provider
  - ☐ 460 – Admin Supv Received
  - ☐ 462 – Hospital Liaison
  - ☐ 463 – Court Appearances
  - ☐ 464 – Medication Management
  - ☐ 465 – Reserved
  - ☐ 466 – Reserved
  - ☐ 467 – Reserved
  - ☐ 468 – Reserved
  - ☐ 469 – Reserved

**MODE OF SERVICE**

**55 – MAA**

SERVICE FUNCTION (Check if AB2726)

- ☐ 472 – Medi-Cal Outreach
- ☐ 473 – Eligibility Intake
- ☐ 474 – Medi-Cal Contacts Admin
- ☐ 475 – Crisis Referral
- ☐ 476 – Mhs Contract Admin
- ☐ 477 – Discounted Outreach
- ☐ 478 – SPMP Case Management
- ☐ 479 – SPMP Program Planning
- ☐ 480 – SPMP MAA Training
- ☐ 481 – Non-SPMP Case Mgmt
- ☐ 482 – Non-SPMP Program Planning
- ☐ 483 – MAA Co & Claims Admin

**MODE OF SERVICE**

**60 – SUPPORT SERVICES**

SERVICE FUNCTION (Check if AB2726)

- ☐ **20 – Conservatorship Investigation** ☐
- ☐ 621 – Conservatorship \*\*\* ☐
- ☐ **30 – Conservatorship Administration** ☐
- ☐ **40 – Life Support/Board & Care** ☐
- ☐ **60 – Case Management Support** ☐
- ☐ **70 – Client Housing Support Expenditures** ☐
- ☐ **71 – Client Housing Operating Expenditures** ☐
- ☐ **72 – Client Flexible support Expenditures** ☐
- ☐ **75 – Non-Medi-Cal Capital Assets** ☐
- ☐ **78 – Other Non-Medi-Cal Support Exp** ☐